

(Appendix B)

Note: *This survey will be completed AFTER the student's exit from High School via a phone survey. Phone survey will be completed between April and June the year following exit of High School*

Telephone Interview

Graduate's Name: _____

High School last attended: _____

17. Status of telephone interview: ☐ (1) Completed ☐ (2) Not completed

(Conduct interview with graduate or a family member. Indicate person interviewed below.)

17a. Person interviewed: ☐ (1) Graduate ☐ (2) Family member ☐ (3) Other

(SURVEY INTRODUCTION SCRIPT)

"Hello, I'd like to speak with _____. My name is _____. I am calling for the _____ School District. We are conducting a study on last year's graduates. I'd like to ask you how _____ is doing. All information is strictly confidential. This will only take a few minutes."

NOTE: Only ask the following questions [17a & 17b] of those student exiters who "Dropped out" or who "Dropped out other" from data collected from Appendix A. Otherwise go on to question 18.

17a. It was noted on information collected from your school during last year that you had dropped out of school. Did you return to high school? ☐ yes ☐ no *[If student responds "no" ask 17b. If student responds "yes" go to 18]*

17b. Which of the following are reasons you chose not to return to school

- ☐ Academic difficulty
- ☐ Economic e.g., needed to work
- ☐ Social/Interpersonal difficulties
- ☐ Health reasons
- ☐ Independent Living
- ☐ Other _____

POSTSECONDARY SCHOOL SECTION

18. Has _____ ever been enrolled in any type of post-secondary school or training program?

- ☐ (1) Yes ☐ (2) No ☐ (3) Don't know

(IF YES, record school name, status, and type.)

18a. School Name: _____

18b. Status: ☐ (1) Full time ☐ (2) Part time ☐ (3) Don't know

18c. Type: *(Check box below.)*

<input type="checkbox"/>	(1)	University/4-year college	<input type="checkbox"/>	(6)	Certification program (GED)
<input type="checkbox"/>	(2)	Community/2-year college	<input type="checkbox"/>	(7)	Union apprenticeship
<input type="checkbox"/>	(3)	Vocational/technical college	<input type="checkbox"/>	(8)	Employment training (Job Corps)
<input type="checkbox"/>	(4)	Military	<input type="checkbox"/>	(9)	Don't know
<input type="checkbox"/>	(5)	Vocational training program	<input type="checkbox"/>	(10)	Other: _____

19. Is _____ currently enrolled in any type of post-secondary school or training program?

- ☐ (1) Yes ☐ (2) No ☐ (3) Don't know

☐ If yes, Full time (12+ credit hours) ☐ If yes, Part time (fewer than 12 credit hours)

(IF YES, record school name and type.)

19a. School Name: _____

19b. Type: *(Check box below.)*

<input type="checkbox"/>	(1)	University/4-year college	<input type="checkbox"/>	(6)	Certification program (GED)
<input type="checkbox"/>	(2)	Community/2-year college	<input type="checkbox"/>	(7)	Union apprenticeship
<input type="checkbox"/>	(3)	Vocational/technical college	<input type="checkbox"/>	(8)	Employment training (Job Corps)
<input type="checkbox"/>	(4)	Military	<input type="checkbox"/>	(9)	Don't know
<input type="checkbox"/>	(5)	Vocational training program	<input type="checkbox"/>	(10)	Other: _____

<i>If "yes" to 18 and/or 19 skip to 21, If "no" to 18 and/or 19 ask question 20</i>

20. "What do you believe to be the reason that you have not enrolled in post-secondary education since high school?" (check up to three reasons. If more than three are mentioned, ask/help the student to pick the most important ones.)

- ☐ (20a) Lack of postsecondary opportunities in the immediate locale
- ☐ (20b) Student lacks necessary skill/qualifications to enter postsecondary education
- ☐ (20c) Student lacks transportation
- ☐ (20d) Student has not received necessary services from community agencies (e.g., VR)
- ☐ (20e) Student is working
- ☐ (20f) Student has personal/family obligations that preclude going to postsecondary education
- ☐ (20g) Student does not want to go to postsecondary education
- ☐ (20h) Student has health problems that preclude going to postsecondary education
- ☐ (20i) Student believes they cannot afford to go to school.

21. Did _____ make any contact with an adult service agency, such as Division of Vocational Rehabilitation, Division of Developmental Disabilities, etc.?

- ☐ (1) Yes ☐ (2) No ☐ (3) Don't know

(IF YES, mark agencies contacted. NOTE: this does not necessarily mean the graduate is receiving services, but has contacted the agency.)

21a. Agency Type: *(Check all that apply.)*

<input type="checkbox"/>	(1)	Division of Vocational Rehabilitation
<input type="checkbox"/>	(2)	Division of Developmental Disabilities
<input type="checkbox"/>	(3)	Disabled Student Services (college)
<input type="checkbox"/>	(4)	Mental health
<input type="checkbox"/>	(5)	Yes, but don't know agency name
<input type="checkbox"/>	(6)	Other: _____

EMPLOYMENT SECTION

22. Does _____ currently work for pay? ☐ (1) Yes ☐ (2) No ☐ (3) Don't know

☐ (22a) Competitive Employment for pay ---Full Time (35+ hours)

☐ (22ai) Competitive Employment for pay---Part Time (less than 35 hours)

☐ (22aii) Are you working only one job??? Yes _____ No _____

☐ (22aiii) If no, how many other jobs and number of hours each?? # of jobs_____ Hrs/job

☐ (22b) Competitive Employment as a volunteer or in a training capacity

☐ (22c) In the Military _____(branch)

☐ (22d) Family member's home or business

☐ (22e) Sheltered Employment for workers with Developmental Disabilities

☐ (22f) Supported Employment program in community for workers with Developmental Disabilities

☐ (22g) Working while incarcerated

☐ (22gi) Work Study--college

☐ (22h) Other _____

(IF YES to 21., complete following.)

22i. Employer (business) name: _____

22j. Number of hours per week: _____

22k. How long have you been employed with this employer? _____

22.l Is this the only employer you have had since graduations? ☐ (1) Yes ☐
(2) No

22m. Wage amount: \$_____

22n. Wage period *(Check the box that applies to the wage amount in 21k.)*

<input type="checkbox"/>	(1)	Hourly	<input type="checkbox"/>	(3)	Monthly	<input type="checkbox"/>	(5)	Other:_____
<input type="checkbox"/>	(2)	Weekly	<input type="checkbox"/>	(4)	Annually	<input type="checkbox"/>	(6)	Don't know

(IF NO to 22., state the following and complete as directed)

23. “You said that you have not worked since high school. Why not? (check up to three reasons. If more than three are indicated, ask/help student to pick the three most important ones)

☐ (23a) Lack of employment opportunities in the immediate area

☐ (23b) Lacks necessary employment skills

☐ (23c) Lacks transportation

☐ (23d) Has not received necessary services from community agencies (e.g., VR)

☐ (23e) Student is enrolled in school

☐ (23f) Student has family obligations

☐ (23g) Student does not want to work

☐ (23h) Student believes he/she would lose benefits (e.g., SSI/disability/unemployment)

☐ (23j) Student has health issues that preclude working

☐ (23k) Other _____

24. Does _____ currently live with family? ☐ (1) Yes ☐ (2) No

25. Is _____ covered by family's health insurance? ☐ (1) Yes ☐ (2) No ☐ (3) Don't know

(IF NO or DON'T KNOW to 24, complete the following.)

24a. Is _____ covered by any other insurance (e.g., employment benefits, Medicaid,

SSI, etc.)? ☐ (1) Yes ☐ (2) No ☐ (3) Don't know

(IF YES) 24b. Type of Insurance:

Final Question

25. "I am going to read a list of areas where young people sometimes have problems. Usually, there are programs and services in every community that help people with these problems. Let me know if you want more information about how to contact them". (check only one option for each service)

25a. Employment ☐ (1) No ☐ (2) Yes, more information ☐ (3) Yes, Crisis

25b. Living in the Community ☐ (1) No ☐ (2) Yes, more information ☐ (3) Yes, Crisis

25c. Education ☐ (1) No ☐ (2) Yes, more information ☐ (3) Yes, Crisis

25d. Finances ☐ (1) No ☐ (2) Yes, more information ☐ (3) Yes, Crisis

25e. Medical Care ☐ (1) No ☐ (2) Yes, more information ☐ (3) Yes, Crisis

25f. Transportation ☐ (1) No ☐ (2) Yes, more information ☐ (3) Yes, Crisis

25g. Legal ☐ (1) No ☐ (2) Yes, more information ☐ (3) Yes, Crisis

25h. Social/Leisure ☐ (1) No ☐ (2) Yes, more information ☐ (3) Yes, Crisis

25i. Other ☐ (1) No ☐ (2) Yes, more information ☐ (3) Yes, Crisis

Specify _____

Additional Comments:

<p>All surveys for Indicator #14 to be completed from: April-September year following graduation</p>
